2023 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 825007

FILED
Oct 31, 2023
Secretary of State
9475422228CR

Entity Name: SOMPO AMERICA INSURANCE COMPANY

Current Principal Place of Business:

1221 AVENUE OF THE AMERICAS
19TH FLOOR
NEW YORK, NY 10020

Current Mailing Address:

1221 AVENUE OF THE AMERICAS
19TH FLOOR
NEW YORK, NY 10020 US

FEI Number: 13-2554270

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY	Title	TREASURER, DIRECTOR
Name	LURIE, DANIEL S.	Name	HANA, ENTELA
Address	1221 AVENUE OF THE AMERICAS 19TH FLOOR	Address	1221 AVENUE OF THE AMERICAS 19TH FLOOR
City-State-Zip:	NEW YORK NY 10020	City-State-Zip:	NEW YORK NY 10020
Title	DIRECTOR	Title	DIRECTOR
Name	GOSHEN, BRIAN W.	Name	LAWRENCE, WINDY L.
Address	1221 AVENUE OF THE AMERICAS 19TH FLOOR	Address	1221 AVENUE OF THE AMERICAS 19TH FLOOR
City-State-Zip:	NEW YORK NY 10020	City-State-Zip:	NEW YORK NY 10020
Title	PRESIDENT, DIRECTOR	Title	DIRECTOR
Name	SPARRO, CHRISTOPHER L.	Name	DONELAN, CHRISTOPHER
Address	1221 AVENUE OF THE AMERICAS 19TH FLOOR	Address	1221 AVENUE OF THE AMERICAS 19TH FLOOR
City-State-Zip:	NEW YORK NY 10020	City-State-Zip:	NEW YORK NY 10020
Title	DIRECTOR	Title	DIRECTOR
Name	REILLY, KEN	Name	BURNET, NICOLAS
Address	1221 AVENUE OF THE AMERICAS 19TH FLOOR	Address	1221 AVENUE OF THE AMERICAS 19TH FLOOR
City-State-Zip:	NEW YORK NY 10020	City-State-Zip:	NEW YORK NY 10020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL S. LURIE SECRETARY 10/31/2023

Electronic Signature of Signing Officer/Director Detail — Date